PART B - FEE(S) TRANSMITTAL

Complete and send this form, together was applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

(571)-273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. maintenance see notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 05/06/2009 7590 27045

ERICSSON INC. 6300 LEGACY DRIVE M/S EVR 1-C-11 PLANO, TX 75024

Certificate of Mailing or Transmission

I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name) Part Fwing Furing (Signature (Date) 10, 2009 July

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFERMATION NO. 10/551,913 10/03/2005 Keijo Laiho P18057-US1 8367 1LE OF INVENTION: LAWFUL INTERCEPTION OF MULTIMEDIA CALLS APPLN TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO S1510 S300 S0 S1810 08/06/2009 EXAMINER ART UNIT CLASS-SUBCLASS EXAMINER ART UNIT CLASS-SUBCLASS THIER, MICHAEL 2617 455-410000 Change of correspondence address or indication of "Fee Address" (37 R1.153). Change of correspondence address or indication form FOSB47; Rev 03-30 or more recent) attached. Use of a Customer PTOSB47; Rev 03-30 or more recent) attached. Use of a Customer PTOSB47; Rev 03-30 or more recent) attached. Use of a Customer PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patient. If an assignce is identified below, no assignce data will appear on the patient. If an assignce is identified below, the document has been filed PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patient. If an assignce is identified below, the document has been filed ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) (A) NAME OF ASSIGNEE TELEFONAKTIEBOLAGET L M ERICSSON (PUBL) Stockholm, Sweden PREASE NOTE of ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) (B) RESIDENCE: (CITY and STATE OR COUNT				<u>lou</u>	y 10, 200				
APPLICATION NO. FILING DATE 10/03/2005				IRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.		
APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE RONDROVISIONAL NO S 1510 S300 S0 S1810 08:06:2009 EXAMINER ART UNIT CLASS-SUBCLASS THIER, MICHAEL 2617 455-410000 Change of correspondence address or indication of "Fee Address" (37 CH. 1.63). Change of correspondence address (or Change of Correspondence Address from PTO-OSB/123) statehed. Change of correspondence address (or Change of Correspondence Address' (37 CH. 1.63). Change of correspondence address (or Change of Correspondence Address' (37 CH. 1.63). Change of correspondence address (or Change of Correspondence Address' (37 CH. 1.63). Change of correspondence address (or Change of Correspondence Address' (37 CH. 1.63). Change of correspondence address (or Change of Correspondence Address' (37 CH. 1.63). Change of correspondence address (or Change of Correspondence Address' (37 CH. 1.63). Change of correspondence address (or Change of Correspondence Address' (37 CH. 1.63). Change of correspondence address (or Change of Correspondence Address' (37 CH. 1.63). Change of correspondence address (or Change of Correspondence Address' (37 CH. 1.63). Change of correspondence address of indication of "Fee Address' (37 CH. 1.63). Change of correspondence address of Change of Correspondence Address' (37 CH. 1.63). Change of correspondence address of indication form is correspondence address (37 CH. 1.63). Change of correspondence address of indication form is correspondence address (41). Change of correspondence address of Change of Correspondence address (41). ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) BREASE NOTE: Unless an assignee is identified below, the document has been filed required will be printed. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (CITY and STATE OR COUNTRY) (CITY and STATE OR COUNTRY) (CITY and STATE OR	APPLICATION NO.						18057-US1	8367	
APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE EXAMINER ART UNIT CLASS-SUBCLASS THER, MICHAEL 2617 455-410003 Change of correspondence address or indication of "Fee Address" (37 RR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SBI/129) attached. Al Change of correspondence address (or Change of Correspondence Address from PTO/SBI/129) attached. Use of a Customer PTO/SBI/129 attached. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) isted, no name will be printed as set forth in 37 CFR 3.11. Completion of this form is (NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE TELEFONAKTIEBOLAGET L M ERICSSON (PUBL) Stockholm, Sweden TELEFONAKTIEBOLAGET L M ERICSSON (PUBL) Stockholm, Sweden Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Genetic properties (Parket of the Corporation or other private group entity Genetic properties (Parket of the Corporation or other private group entity Genetic properties (will not be printed on the patent): Individual Corporation or other private group entity Genetic properties (will not be printed on the patent): Individual Corporation or other private group entity Genetic properties (will not be private or other private group at a customer or othe	10/551,913	10/03/2005	TION OF MULTIMEDIA	_					
APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL TELES/OWN OR/06/2009 EXAMINER ART UNIT CLASS-SUBCLASS THIER, MICHAEL 2617 455-412005 Change of correspondence address or indication of "Fee Address" (37 II) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Sumber is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) LASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) (A) NAME OF ASSIGNEE TELEFONAKTIEBOLAGET L M ERICSSON (PUBL) Stockholm, Sweden Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity overly members of the patent of Pec(s): (Please first reapply any previously paid issue fee Shown above) A check is enclosed. Payment of Pec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Dissue Fee Abundance Order - # of Copies 5. Change in Entity Status (from status indicated above) A Applicant claims SMALL ENTITY status. See 37 CFR 1.27. A Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. A Change in Entity Status (from status indicated above) A Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. A Date The Incidence of the patent in the applicant; a registered attorney or agent; or the assignee or other pintered in the patent in the applicant; a registered attorney or agent; or the assignee or other pintered in the patent in	TLE OF INVENTION:	LAWFUL INTERCES	•••						
nonprovisional NO S1510 S300 \$0 \$1810 08/06/2009 EXAMINER ART UNIT THIER, MICHAEL 2617 455-410000 Change of correspondence address or indication of "Fee Address" (37 R1 1.503). Change of correspondence address (or Change of Correspondence Address' (37 R1 1.503). Change of correspondence address (or Change of Correspondence Address' (37 R1 1.503). Change of correspondence address (or Change of Correspondence Address' indication (or "Fee Address' indication form FTO/SB/122) attached. SIGNIE (38 W) 30.20 or more recent) attached. Use of a Customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer of a single limit (aving as a member a considerable of a customer) or agent of a single limit (aving as a member a considerable of a customer) or agent of a customer (aving as a member a considerable of a customer) or agent of a customer (aving as a member a customer) or agent of a customer (aving a					P. ID ICC	IIE EEG	TOTAL FEE(S) DUI	E DATE DUE	
EXAMINER	APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE			OE PEL			
THIER, MICHAEL 2617 455-410000 Change of correspondence address or indication of "Fee Address" (37 Rt 1,363). Change of correspondence address (or Change of Correspondence Address' Indication for "Fee Address" Indication for Indication fo		NO	\$1510	\$300	\$ U		4.5. -		
THER, MICHAEL Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address of The Total (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, agents OR, alternatively, or agents OR, alternatively. Change of correspondence address (or Change of Correspondence Address of The Total (2) the names of up to 3 registered patent attorneys or agents OR, alternatively. Change of correspondence address (or Change of Correspondence Address (1) the names of up to 3 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents. If no name is 2 registered attorney or agents or the 2 registered attorney or agents. If no name is 2 registered attorney or agent attorney or 3 registered patent attorneys or agent attorneys or agent; or the assigned or other p 2 registered attorney or agent; or the assigned or other p 2 registered attorneys or agent; or the assigned or other p 2 registeration No. 36684		INER	ART UNIT	CLASS-SUBCLASS]				
Change of correspondence address or indication of "Fee Address" (37 RR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address" indication for "Fee Address" indication for patients and the names of up to "Segistered patient altorneys or agents. If no name is "Significant end to the names of up to "Significant end to "Fee Address" indication for many indication for the patient indication for fee (No small entity discount permitted) Address form PTO-2038 is attached. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-20			2617			N-A			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication form PTO/SB/147: Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE TELEFONAKTIEBOLAGET L M ERICSSON (PUBL) Stockholm, Sweden Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Govern 4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment of Fee(s):	Classification and control of the co		on of "Fee Address" (37	2. For printing on the	patent front page	, nsi lent atlori	neys 1		
"Fee Address" indication for "Fee Address Indication for "Fee Address Indication for "Fee Address Indication for "Fee Address Indication of Customer ProofsB471? Rev 03-02 or more recent) attached. Use of a Customer ProofsB471? Rev 03-02 or more recent) attached. Use of a Customer ProofsB471? Rev 03-02 or more recent) attached. Use of a Customer ProofsB471? Rev 03-02 or more recent) attached. Use of a Customer ProofsB471? Rev 03-02 or more recent) attached. Use of a Customer ProofsB471? Rev 03-02 or more recent) attached. Use of a Customer ProofsB471? Rev 03-02 or more recent) attached. Use of a Customer ProofsB471? Rev 03-02 or more recent) attached. Use of a Customer ProofsB471? Rev 03-02 or more recent) attached. Use of a Customer ProofsB471? Rev 03-02 or more recent) attached. Use of a Customer ProofsB471? Rev 03-02 or more recent) attached. Use of a Customer ProofsB471. Rev 03-02 or more recent) attached. Use of a Customer ProofsB471. Rev 03-02 or more recent) attached. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Advance Order - # of Copies	FR 1.363).	dames address (or Ch	ange of Correspondence	I as acousts []R allemat	IVCIY.	ng as a member	_		
"Fee Address" indication for "Fee Address Indicated above) ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) ASSIGNEE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. A) NAME OF ASSIGNEE	Address form PTO/SE	B/122) attached.	mgv at all fame	(2) the name of a sing registered attorney or	le firm (having a agent) and the fi		up to		
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Stockholm, Sweden Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Govern a check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Govern a check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Govern a check is enclosed. I Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number SU-1379 fee(s), any deficiency, or credit any overpayment, to Deposit Account Number SU-1379 fee(s), any deficiency, or credit any overpayment, to Deposit Account Number SU-1379 fee(s), any deficiency, or credit any overpayment, to Deposit Account Number SU-1379 fee(s), any deficiency, or credit any overpayment, to Deposit Account Number SU-1379 fee(s), any deficiency, or credit any overpayment, to Deposit Account Number SU-1379 fee(s), any deficiency, or credit any overpayment, to Deposit Account Number SU-1379 fee(s), any deficiency, or credit any overpayment, to Deposit Account Number SU-1379 fee(s), any deficiency, or credit any overpayment, to Deposit Account Number SU-1379 fee(s), any deficiency, or credit any overpayment, to Deposit Account Number SU-1379 fee(s), any	"Fee Address" ind	lication (or "Fee Addres 02 or more recent) attac	ss" Indication form ched. Use of a Customer	2 registered patent att listed, no name will b	orneys or agents e printed.	, ii iio			
PLEASE NOTE: Unless an assignce is identified below, in assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Stockholm, Sweden FLEFONAKTIEBOLAGET L M ERICSSON (PUBL) Stockholm, Sweden Please check the appropriate assignce categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s) are submitted: A. The following fee(s) are submitted: A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is				THE PATENT (print or t	ypc)		the second below the	e document has been file	
TELEFONAKTIEBOLAGET L M ERICSSON (PUBL) Stockholm, Sweden Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Govern 4a. The following fee(s) are submitted: As the following fee(s) are submitted: A check is enclosed. Publication Fee (No small entity discount permitted) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 - 1379 (enclose an extra copy of this form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. Payment	. ASSIGNEE NAME A	VND KESIDENCE DA	ntified below, no assigned	e data will appear on the	patent. If an as:	signee is	identified below, in		
TELEFONAKTIEBOLAGET L M ERICSSON (PUBL) Stockholm, Sweden Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Govern 4a. The following fee(s) are submitted: As the following fee(s) are submitted: A check is enclosed. Publication Fee (No small entity discount permitted) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 - 1379 (enclose an extra copy of this form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. Payment	recordation as set for	th in 37 CFR 3.11. Co	mpletion of this form is N	(B) RESIDENCE: (CIT	Y and STATE C	R COUN	ITRY)		
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Govern 4a. The following fee(s) are submitted: A check is enclosed. A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attac	(A) NAME OF ASSI	IGNEE			1m, Swede	n			
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation of other printed. 4a. The following fee(s) are submitted: A check is enclosed. A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by cred	TELEFONAKT]	[EBOLAGET L M	EKTOOO			5	or other private	group entity Govern	
4a. The following fee(s) are submitted: Status Statu	ar tale the control	oriate assignee category	or categories (will not be	printed en					
4a. The following fee(s) are submitted. Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form				4h Payment of Fee(s): (P	lease first reapp	ly any pr	eviously paid issue	fee shown above)	
Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Director is hereby authorized to charge in Entity 1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this fee overpayment, to Deposit Account Number 50-1379 (enclose an extra		are submitted:		A check is enclosed	d.				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other printerest as shown by the records of the United States Patent and Trademark Office. Date July 10, 2009 Authorized Signature Registration No. 36684	I Issue Fee		nt permitted)	Payment by credit	card. Form PTO	.2038 15 8 charge_tl	ntacticu. he required fee(s), ar	y deficiency, or credit any	
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the United States Patent and Trademark Office. Authorized Signature Date July 10, 2009	Advance Order	- # of Copies		overpayment, to De	eposit Account N	lumber 5	0-13/9(enclo	ose an extra copy of this to	
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the Using Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the Using Note: Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the Using Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the Using Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the Using Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the Using Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the Using Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the Using Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the Using Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the Using Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, of the Using Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant is a registered attorney or agent, of the Using Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the Issue Fee and Publication Fee (if req	Channe in Entity S	tatus (from status indic	cated above)		lawan alaiming	SMALL I	ENTITY status. Sec	37 CFR 1.27(g)(2).	
Authorized Signature Sover 3. Smith Date 1449. 36684	a. Applicant cla	ims SMALL ENTITY	status. See 37 CFR 1.27.	b. Applicant is no	an the applicant:	a register	ed attorney or agent	or the assignee or other p	
Authorized Signature Source Smith Date Market State 3. Smith Date Supplementary 36684	NOTE: The Issue Fee	and Publication Fee (if	required) will not be acce I States Patent and Tradem	pted from anyone other the tark Office.					
Authorized Signature 30084	interest as shown by ti	La.	4/1-7	 -	Date •	رس پر			
Typed or printed name Steven W. Smith Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to get a collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to get a collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to get a collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to get a collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to get a collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to get a collection of information is required by 37 CFR 1.311. The information is required to take 12 minutes to complete, including gathering.	Authorized Signate						36684	_	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the option) and the public which is to file (and by the option). This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the option). The collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the option).			Smith		Registr	ation No.		le (and by the LISPTO to c	
This connection of conversariant and the first term of the first and the conversariant of the	This collection of info	ormation is required by	37 CFR 1.311. The inform	nation is required to obtain FR 1.14. This collection is	or retain a bene is estimated to ta	fit by the ke 12 min	public which is to it nutes to complete, in ments on the amoun	cluding gathering, prepart of time you require to c	

Ins collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete process. The process of the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.